File - Dossier
851-1-A487

Volume
2

Department - Ministère
MEDICAL SERVICES

Subject - Sujet
INDIAN AND NORTHERN HEALTH SERVICES
KENORA DISTRICT
KENORA, ONT.

GC-40-2

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Department - Ministère
SERVICES MEDICAUX

Subject - Sujet
SERVICES D'HYGIENE DES INDIENS ET DU NORD CANADIEN
DISTRICT DE KENORA
KENORA, ONT.

GC-40-2

Referred to *Remis à*	Remarks *Remarques*	Initials *Initiales*	Date	P.A. Date *Classer*	Initials *Initiales*	B.F. Date *Reporter*
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VOL. 2

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REGISTRY SERVICES

DATE 3-1-69

PER JMD

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

Memorandum:

Harry,

This is interesting. I know we have a very high incidence of chronic care.

For some unknown reason Wood would not give this girl an anoscope.

Do you think we should?

That is Swingle's request.

000409

Cecilia Jeffrey Indian Residential School

[redacted]
PRINCIPAL

Phone 6350

P.O. Box 130
KENORA, ONTARIO.

October 4, 1954.

Mr. H. G. Mingay,
Room 222, Austin Bldg.,
737 Church Street,
Toronto,
Ontario.

Dear Mr. Mingay:

The enclosed report covers the work accomplished during the 1953 - 54 school term at Cecilia Jeffrey Indian Residential School by the resident nurse, Miss Kathleen Stewart R.N. who studied this special work during 1952 at the Sick Children's Hospital, Toronto.

During the past year Miss Stewart was able to borrow an auriscope from a local practitioner but now we must have an instrument of our own in order that she may carry on with this work on the children's ears.

I am sure that you will realize from the report that this is important and we will appreciate anything that you can do to obtain an auriscope for use in the school.

Yours very truly,

Ivan B. Robson,
Principal.

000410

Cecilia Jeffrey Indian Residential School, Kenora ,Ontario.

Record of ear treatments and investigation: Sept. 1953 -Apr. 1954.

The most conspicuous evidence of ear trouble at Cecilia Jeffrey School has been the offensive odour of the children's breath, discharging ears, lack of sustained attention, poor enunciation when speaking, and loud talking. In September 1953 we found that it was convenient and soothing to wash out the discharging ears with two quarts of water at 110 degrees, using an irrigation can with enema attachments. The children could use this equipment themselves when they became uncomfortable. They were taught to take the temo-erature of the water in the can, hang up the can at a prescribed height, put on a plastic bib which guided the water into the sink, from the ear. A mirror was placed behind the taps and the child enjoyed irrigating his own ears. The tip was too large to go into the eat but the stream was strong enough to be satisfactory. The children were also taught about the danger of cross-infection, and considerable effort was made to have the children cover their coughs, wash their hands clean, as well as to disinfect the contaminated equipment. Older children helped the young ones. Sometimes there were as many as a dozen children on the list at one time. Most of them cleared up in a few days and have not repeated. Some have been discharging at times for years.

On October 1st , Dr. Torrie from the Lake Of The Woods Clinic, began to make regular weekly visits to the school. He loaned his Auroscope to the school until we ~~could~~ could get one of our own. (Not yet) Specimens of discharge from persistent cases were analysed by the Ontario Provincial Laboratory, and the recommended medicine was used when possible. A few cases repeated of which four are either active or suspicious.

On December 4th, Dr Ling examined a cross section of nineteen cases. Several dry ears were syringed (for demonstration), and large masses of debris were removed. The ear drums appeared to be normal in most cases. Dr. Ling advised further investigation and some tonsillectomies. For those who were not obviously chronic we were advised to use merthiolate more frequently and to syringe more vigorously. Dr Ling filed off an old aspiration needle and explained the symptoms of disease seen in the ear drum, seen through a speculum. Those with anterior perforations responded to ephedrine nose drops. We found that we could cover the work easily and fit into the school routine by having drill. The children enjoyed doing things in combinations. Those with trouble in a frontal sinus would get the drops to reach the sore place by bending forward with their hands on the floor and their heads upside down between their knees. If the sounds in the antrum area, heard through the stethescope, were dull the child would tip his head sufficiently to allow the drops to arrive at the sensitive spot. Usually about two days would show a marked improvement in sniffling and coughing.

droplets ceased to irritate the throat and the children's voices were clearer. Oil drops were used for central dry perforations, and in a few days irrigation with water seemed to release the "draw-string" and the perforation would be closed. Sometimes the trouble would be behind the ear. When pain was reported in the mastoid area, and a redness and swelling was seen at the back of the ear channel penicillin and sulfa were given. Three cases like this cleared without perforating the ear drums. The children would come at pre-arranged times and wait for their shots, without being called. The pills were given at mealtimes and bed time without disturbing the routine.

Dr. Ling's needle on a 50c.c. syringe has given very satisfactory service. The solution can be seen (bubbles etc.) and its temperature noted through the glass. It can be guided through a speculum with better controll of pressure and aim, in sensitive ears. In cases of hard masses of wax some of the children sat as long as two hours and a quarter before the mass came out of the ear. These children were very grateful. They were distressed for a few days by loud radio etc. which they had ignored before. When we received the metal ear syringe from The Department , we were able to do this type of work within a half-hour.

Altogether, eighty children's ears were treated from September, 1953, to April,15, 1954. Forty-one of these were active. Some of the active ones were from the list of those who had had their ears cleared several months before; of the active cases treated, we found that many could blow the drops out of their ears by holding their noses and blowing. Those who had chronic perforations in their ear drums were mouth-breathers. T&A's were helpful. We found that oil drops and a plug hastened the closing of the large perforations which were often full of discharge from the nose. In most cases the ear drums appear to be almost normal now. Details of the individual cases are available of desired.

Many of the children worked off the sensitivity to drugs that were available to us, and we asked for extra drugs frequently. We appreciate the kind co-operation of all concerned and would like it to be known that there has been a marked improvement in the health of the children.

Kathleen Stewart R.N.

P.S. We have not used the enema outfit for irrigating ears since we got Dr. Ling's needle. It would be helpful to have a Leur-lock on the 500 c.c. syringe, to be used with a blunt No. 18 needle.

The Cecilia Jeffrey Indian Residential School,

Kenora, Ontario.

June 25, 1954.

2nd report

Experimentation and treatment of ear disease among 165 pupils :

From September to June, inclusive, there were 80 pupils found with ear trouble ranging from slight deafnees due to dry wax etc. covering the ear drum to complete destruction of both ear drums accompanied by profuse discharge.

Active disease was obvious in 40 cases, sometime during the year. Many of them were repeaters but after using the drugs recommended by the Provincial Laboratory most of them seem to have recovered completely and are in much better general health.

On June 5th, the ears of all of the pupils present (156) were checked. Wax etc. was cleared and the ear drums of 17 pupils were found to be good; 126 were good and could be seen without clearing; 3 had small central perforations healing well; 10 were discharging, 3 of these were almost deaf with no ear drums, 6 had one ear drum gone, and one was draining through a perforation.

Specimens from all but one of the active cars were analysed and the cases treated in June. The response was very encouraging but because o f the persistence of these cases it seems important that the cases be followed in the hope that a complete recovery may be accomplished. (9 pupils were abeent in June.)

Kathleen Stewart R.N.

2nd report Cecilia Jeffrey School, Kenora

June 29/54

Chronic ear infections: Sensitivity reports from Ontario Prov. Lab. Kenora, Ont

s.19(1)

	Penicillin	Streptomycin	Aureomycin	Chloromycetin	Terramycin	Bacitracin	Polymyxin "B"	Erythromycin	Ilotycin	Neomycin	Achromycin	Sulphadiazine	Sulphathiazole Gantrisin	Sulfamerazine
[redacted] Big Ds. [redacted] Kenora Agency, [redacted]														
Jan 14/54 # MB 25 Proteus vulgaris – Rt	R	2	R	1	3	R	R		R			MS	R	R R
[redacted] Big Ds. [redacted] # MB 53 Rt														
Jan 25/54 Staphylococcus aureus (hemolytic)	R	4	MS	2	3	MS	R		1			R	R	MS. R
[redacted] Big Ds [redacted] MB 473 May 31/54														
~~May 31~~ Overgrown by gram-pos. Spore-bearing bacilli Rt	R	R	3	R	R	R	1		R	2				
MB 544 June 23/54 Pseudomonas (Pyocyaneus) Rt														
[redacted] [redacted] Big Ds [redacted] # MB 377 – Rt														
Apr 28/54 Staphylococcus aureus (hemolytic)	R	R	6	1	4	5	MS		3	2				
Rt	3	R	R	MS	R	2	4		1					
# MB 420 May 19/54 " " " "	R	MS	5	1	6	2	R		4	3				
# MB 545 June 23/54 " " " "														
[redacted] [redacted] Deer L. [redacted] Sioux Lookout														
MB 441 Sept./53 Proteus species —	R	R	R	S	R									
MB 163 Feb 25/54 Staphylococcus aureus (hemolytic) Rt ear	MS	R	MS	MS	R	2	R		1		2	R	R	R R
MB 302 Apr 5/54 Overgrown by gram pos. spore bearing bacilli	–													
MB 471 May 31/54 Staphylococcus aureus (hemolytic) Rt	6	5	7	2	3	4	R		1					
[redacted] (ex-Saw) [redacted] 12 Skool L 40-83														
# 304 MB Hemolytic E. Coli - - - - - - - - - - - - Rt.	R	4	R	1	R	MS	3		R	2				
# MB 299 Staphylococcus aureus (Hemolytic) Rt.	3	7	6	1	4	MS	8		2	1/2				
# MB 472 " " " Rt	MS	MS	2	1	4	5	R		3					

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	P	S	au	C	T	B	P	E	I	N	Ac	Sd	Se	G	Sm
[redacted] Assabaska [redacted] Kenora															
#MB 439 Sept 24/53 Proteus Species Left ear	R	S	MS		R										
# MB 444 may 20/54 Staphylococcus aureus (hemolytic) Lt	MS	4	MS	2	3	5	R		1						
# MB 255 mar 24/54 Pseudomonas (Pyocyaneus) Lt	R	R	R	MS	R	R	1-		R	2	R				
[redacted] Shoal L. 40-65 Kenora Rt															
May 31/54 # MB 469 Overgrown by gram pos. spore bearing bacilli															
# MB 470 non-hemolytic Staphylococcus Lt ear	R	3	5	2	4	6	R		1						
June 23 # MB 541 Staphylococcus aureus (hemolytic) Rt.	R	MS	MS	3	4	MS	R		1	2					
# MB 540 " " " Lt	R	MS	MS	3	4	MS	R		1	2					
[redacted] [redacted] Deer L [redacted] Sioux Lookout															
# MB 486 Gram positive Cocci in clumps Rt															
Oct 10/53 Staphylococcus aureus (hemolytic)	5-	MS	4	3	2	6	R	1							
mar 25/54 #MB257 " " " Lt	8	MS	7	2	4	6	MS		1	5	3				
June 23 # MB 542 " " " Rt	R	R	MS	3	R	R	R		1	2					
# MB 543 " " " Lt	R	R	MS	3	R	R	R		1	2					
[redacted] Shoal L. 39-88 Kenora															
# MB 523 Gram pos. Cocci in clumps															
Oct 22/53 Staphylococcus aureus (hemolytic) Rt	MS	R	4	3	2	R	R	1							
#113 MB Feb 15/54 Pseudomonas (pyocyaneus) Rt	R	R	R	R	R	R	S		R			R	R	R	R
# MB 376 Apr 28 Staphylococcus aureus (hemolytic) Rt	MS	6	MS	3	5	4	MS		2	1					
# MB 375 " " " " " Lt	MS	6	MS	3	5	4	MS		2	1					
# MB 442 May 20 " " " Rt	MS	3	MS	2	5	4	MS		1						
# MB 441 " " " " " Lt	MS	3	MS	2	MS	R	MS		1						

2nd Report

s.19(1)

Details concerning the 10 cases of active ear disease remaining at the end of the 1953-4 term, at The Cecilia Jeffrey Indian School.

[redacted] Chronic, repeating activity in Left ear.

Dec 17/53 Perforated drum discharging: Irrigated, and Merthiolate drops instilled B.I.D. and decreasing.

Dec 20 Spec.collected for analysis, (no report on record here)
Jan 4 Merthiolate discontinued. dry. Auralgin drops used.
Jan 12 Ears appear to be good.

Jan 14 Trouble repeating.
" 25 Chloromycetin 500 Mgm in 10 cc Boracic and alcohol to be used as ear drops Q.I.D.

Feb 1 Specimen to lab for analysis.
" 8 Lab. report: "No growth". Ear seems dry now.
" 11 Examination shows bi-lateral dry perforations.

The perforations closed and all seemed well until George had flu at the end of May and reported a discharging ear.

June 5 Discharge appears to be oozing through the Lt. drum.

June 9 - 12 inclusive: Chloromycetin 250 Mg. Q.I.D.
" ear drops B.I.D.
Irrigation as required.

June 17 Condition seems good.

Oct 4 Has been in school all summer. no trouble up to date.

[redacted]: Chronic, repeating, profuse activity in Right ear.

Sept 22/53 Discharging Rt. ear. Penicillin not effective.
Sulfathiazole grs XV qid for a week.
Chloromycetin mgm 100 qid 4 days.
Specimen to lab. for analysis.
Irrigation with boiled vinegar in water for cleansing bid.

Sept 28 Aureomycin 250 mgs qid 4 days, and irrigations.

Oct 8 O-tos-mo-san or Auralgin drops BID
Irrigate every other day.

Oct 29 Sulfathiazole tid grs xv for 1 week.

Nov 12 Discontinue irrigations and watch.

Dec 4 Examined by Dr Ling. Rt.ear: Large central perforation. Left ear: Retraction of drum.
Nose O.K.
Tonsils: Enlarged and infected. Adenoids: Small.
Lateral bands: Prominent.

Advise: T & A, Merthiolate drops in Rt. ear.

Jan 13 Ears syringed. Has had daily drops of merthiolate.
" 21
Specimen to Lab. Irrigation and drops again.

" 26 Chloromycetin 250 mgs q.i.d., 4 days. Irrig. Drops.

" 31 To St.Joseph's Hospital, Kenora, for T & A.
Ret'd Feb. 3. Doing well.
Merth. gtts and irrig. continued.

Feb. 10 Ear still perforated but cleaner. Treatment cut down to about twice a week and finally stoppe d.

June 1 Right ear drum still open and moist

June 12 - 15 inclusive: Chloromycetin 250 mgm q i d. and
" ear gtts B I D 4 days.

June 29 no Ilotycin available
Perforation appears to be clean with healthy ear-drum growing from bottom, about 1/3 of perforation covered. Middle ear seems O.K.

Sept 2 - Has boils on body and there appears to be 3 visible in Rt ear canal (cleansed with peroxide) (Sick) 000417
Oct 4 - Spec to lab. Chloromycetin gid x4 + Polymyxin "B" ear gtts. Ear dry in 3 days

[redacted] Chronic perforation of Rt. ear drum : Seems dry.

Feb 18/54 Returned to school after being away for holidays since last June. Right ear not discharging but when she has
Mar 25 a cold it threatens, maybe only discharge from nose. Ephedrine nose gtts seem helpful.

May 31 Specimen taken with drops of distilled water washed into the perforation and drained onto swab. (to see if possible what was preventing the ear drum from growing. There seemed to be an unnatural film covering the surface seen through the perforation. Boracic and alcohol drops were used a few times with irrigations and a plug in the ear. (This usually was loosened and quickly lost) After a week without treatment another swab was taken. This time a very small brownish smear was obtained on the swab.

June 23 The report from this specimen came in after the children went away for holidays. It seems likely that this girl will not come back to school. She seems to be handicapped by the noise in the ear and it may be part of the reason why she does'nt get along well in grades although she works well and is likable while in residence.

Oct 4. Has not yet returned to school

[redacted] Chronic activity in Right ear. The ear began to discharge suddenly the day before she went home for Christmas holidays. Irrigation and merthiolate gtts were helpful, and we hoped that the child would be alright until she returned after Christmas but she did'nt come back until April 17th.

Apr 18 Says that she had "white pills" from a Dr. at Emo for her ear. There was thick green profuse discharge with very offensive odour coming from right ear. We irrigated and used merthiolate gtts. There was a large perforation which seemed to take the whole Rt. ear drum and the ear was very sensitive.

" 25 Responding well. The whole channel and middle ear was whitish and fuzzy in appearance but there was no longer acute pain when merthiolate was instilled after irrigation.

May 5 The nature of the discharge changed after using Chloromycetin 250 mgs Q.I.D. for 5 days Bacitracin gtts.

continued

[redacted] continued:

May 17 Rt ear drum appears to be healing but the middle ear is full of green pus; when irrigated the pus comes out in chunks like sputum.
Bacitracin gtts seem to be helpful.

June 1 Rt ear suctioned with ear syringe using boiled vinegar.

May" 3 Draining freely. Painful at first but improving.
Neomycin gtts t i d.
Penicillin tried for 2 days for stys etc but effect was unsatisfactory.
Ilotycin Q I D for 2½ days (supply exhausted) .

" 10 All treatment disoontinued. Area in ear seems to be healthy but no ear drum.

June 17 Flu temp. 101½ Rt ear actively discharging. Spec. for Lab. Area under loose discharge seems to be drying up. Examined by Dr. Torrie at Lake of The Woods Clinic before being discharged for summer holidays.

Oct 4 - Has not yet returned to school

[redacted] Disease in Left & Rt ears. (Has had T & A)

Sept. 22/53 Both ears discharging. Seems to have suffered.
Water and vinegar irrigations, T I D.
Sulfathiazole grs XV Q I D for a week.
Penicillin. Specimen for Lab.

Sept 28 Chloromycetin 250 mgs Q I D for 4 days.

Oct 1 Irrigate more vigorously, B I D.
" 8 Use Outurea gtts.

" 15 Chloromycetin 250 mgs course repeated.

" 22 Irrigation continued, Penicillin tried in ear gtts BID.

"29 Chloromycetin 250 mgs q i d for 2 days

Nov. 3 - 10 Admitted to St.Joseph's Hospital Kenora for check.

" 12 Ears still discharging. Continued irrigations B I B.
Boraoic and Alcohol gtts. Left ear dry.

continued

[redacted] continued:

Dec 4 Dr Ling: Advised using merthiolate gtts in ears and Ephedring nose gtts.
Sinus film: If sinus clear and discharge continues undiminished: deep X-ray as needed.
Considerably improved with use of nose and ear gtts. and irrigations for cleansing.

Dec 19 - Jan 2: Home for Christmas holidays.

Jan 2/54 Rt ear still active. Continue treatment as before. Ears are both drying up. Peroxide used sometimes in irrigations. Merthiolate in Rt.

" 21 Dr Torrie: Rt ear dry but lt started again: merthiolate.
" 28 Discontinue treatment. Rt. chronic perf.

Feb 12 Has been doing well but now Lt ear is aching and wet. Spec to lab. Course of Chloromycetin.(Rept: No growth) Irrigations and Merthiolate gtts as needed.

" 18 Eustacian tube clear. Bacitracin gtts nose, and ear B.A.
" 23 Bacitracin used in both nose and Lt ear. T I D.

" 26 Lt ear drum now looks like green satin. Gentian violet 1 per cent used and irrigations.
Apr 1 Right ear threatened but seemed to respond to G. V.
" 7 Started using B A gtts in ear and Ephedrine nose gtts.

" 8 After washing out infected area, it seems to have a film covering the surface.
" 15 Dr Torrie: Irrigate Left and use Bacitracin and Merthiolate gtts on alternate days. Good result.

" 24 Ear drums seem to be forming properly. Hearing improved.

May 6 Rt drum seems good. Left covered with mass of wax etc.

(May 10: Flat feet seen by orthopaedic representatives)

" 24 Considerable discharge from both ears.

June 1 Dr Torrie: Suction with boiled vinegar. Chunks of debris were drawn out leaving a reasonably healthy looking middle ear, Bi-laterally. O-tos-mo san gtts had been used.

" 4 Chloromycetin ear gtts, and Ilotycin 200 mg Q I D 4 days.

" 17 Ears and nose seem well now. Happy appreciative girl looks brighter and feels well and can hear. Holiday

Oct 4 - may be in Sioux Lookout school

[redacted] From Brandon San. Dec 9th. Heavy eye glasses, Bronchiectasis Rt. back. [redacted] old.

Dec 10/53 Flu, temp 102, 1 day.
" 15 Sore throat, cyanosed, panic: Eph. nose gtts.
" 17 Tedrol 1 tab q4 i. d. 1 day.

" 19 - Jan 5/54 Home for Christmas holidays.

Jan 5 Returned with general condition unchanged.
Routine: Rests 3-5 daily, posturizes q. i. d. & p.r.n.

Feb. 2 - 4 Flu, temp 103½, Recovery good.

" Cough helped by penicillin. Very productive cough.

Mar 12 Doing well.

" 25 Both ears discharging: Gentle irrigations, ear drums have not collapsed although obviously rotting as discharge continues unchecked by merthiolate, eph gtts.

Apr 7 Left ear still active. Large central perforation. Continue using Eph. nose gtts. B.A. ear gtts & irrig. Right ear drum also open.

Apr. 15 -24 Continues to improve. Sputum profuse, yellow.

MAy 8 Penicillin 600,000 units x 5 for stys and sores.

May 17 Right ear still active: B. A. gtts and Eph nose gtts.

June 3 Rt ear still active. Left seems normal. Hearing OK.
Suction with boiled vinegar.
Lab rep't No.TB 127 May 27: Sputum (Apr 2nd, 1954) failed to show the presence of acid fast bacilli

" 4 Chloromycetin ear gtts T.I.D.
" 250 mg. Q.I.D. 4 days.

" 10 All medication and treatment discontinued.
Resting and posturizing routine continued.

" 18 Home with Half-brother for summer holidays. Has had no cyanosis or panic since Feb. 2. Has learned to keep within the limits of her strength and to participate in the school routine comfortably. Sarah has remained at 105 pounds(her estimated normal weight being 95 pounds) She has reported for treatment faithfully every day and sleeps in her rest periods. It has been a pleasure to have her in the school.

Sept 5 - Returned to school in much improved general condition. Wt 107 (estimated)
Oct 4 - almost no sputum obtainable when posturizing. Small specimen sent for analysis.
a cold passed without incident; with tonsils [illegible]

[redacted]: Assabaska 151, Sioux Lookout. Age [redacted]
Chronic ear infection.

Sept 15/53 Rt. ear discharging: Penicillin
Chloromycetin 250 mg q.i.d. 4 days.
Irrigation with water and vinegar (Dr Playfair).

" 22. Sulfathiazole grs xv q.i.d. daily for 1 week.
Specimen to Lab. Irrigations continued b.i.d..

" 28 Streptomycin 250 mg q.i.d.: ALERGIC (rash)
Continue irrigations with less pressure b.i.d..

Oct 1 Left ear threatening. Chloromycetin 150 mg x 4 x 4.
" 8 Left irrigations (To have T&A when ears clear).

" 15 Irrigations continued. Chloromycetin 250 mg x 4 x 5.

" 22 Penicillin used as gtts in ears Rt.
" 29 Chloromycetin 250 mg t.i.d. x 5 days
Rt. ear: Auralgin gtts b.i.d. Irrigations b.i.d..

Nov 12 Irrigations cut to I.D. gtts.
" 19 Rt. ear irrigated on alternate days. Boracic & Alkohol

Dec 4 Dr Ling: Rt. normal, Lt anterior perforation.
Nose: Considerable discharge
Tonsils: enlarged
Pharnyx: granular
Adenoids: not very much
Diagnosis: Otitis media Rt. with chronic tonsillitis.
Advise: Sinus film: 1. Treatment if possible
2. T & A.

Feb 11/54 Admitted to St Joseph's Hospital Kenora, for check and Tonsillectomy (T&A)
" 13 Ret'd to school post -operative condition good.
" 16 Penicillin for cough.
" 18 Lt. ear still irritable.

Mar 25 Continue merthiolate or Gentian Violet gtts Lt ear.

Apr 24 Still active: daily Polymyxins "B" gtts helpful.
Pale green satin-like surface can be seen through healing perforation. Eph nose gtts controlls condition.
Specimen for lab obtained in drop of distilled water.

June 1 No med. Suction with boiled vinegar. Free disch, lumpy.
" 4-8 Ilotycin 200 mg q.i.d. x 4. Excellent effect.

" 10 All treatment discontinued. Holidays June 17th.
Hearing reasonably good. Much better health.

000422

Sept 22 - Returned to school, Seems well. (Ears have not been examined yet)

[redacted] Shoal Lake 40 - 65, age [redacted]
Chronic ear infection. Bi-laterally: Very deaf.

Dec. 17/53 has dry central perforation in Rt ear drum.

Jan 3/54 Ret'd from Christmas holidays with rt. ear discharging and pus visible through lt. drum(not perforated).
" 5 Lt ear draining freely. Eph and B&A gtts, irrigations.
" 12 Changed to merthiolate gtts
" 13 Lt. ear dry but sensitive: Treatment discontinued. Rt. ear syringed. Continue nose and ear gtts.

" 28 To St.Joseph's Hospital, Kenora, for T&A.
" 31 Returned not feeling as well as seemed desirable. Flu?

Feb 13 Doing well back on routine.

Apr 7 Merthiolate in Rt ear, B&A gtts in left, Eph. nose gtts.

" 24 Both ears active. Large bi-lateral perforations.

May 17 Both perforations appear to be healing. Ears dry. Continued to plug ears and use O-tos-mo-san gtts. Eph. p.r.n.

" 25 Rt ear seems dry but an unnatural"scum" seems to cover the surface seen through the perforation.
No discharge noticed in left side but there seems to be no tendency for the ear drum to grow. Specimens for the lab obtained with the help of a drop of distilled water.

June 4-8 Chloromycetin 250 mg q.i.d. x 4
" ear gtts.
" 10 All treatment discontinued.

" 16 Specimens for check-up sent to lab. No discharge through channel, but eustacian tubes are open and inner ears appear to be wet and threatening.
Home for holidays.

This girl works well in the departments but shows that she does'nt hear well. She does not always use the soft sounds in words--- as if she does'nt hear them and repeats the words the way they sound to her. She shouts when talking at close range and responds with a start when she sees that someone is speaking to her. She is often forgetful and easily distracted, but can recall things that she was told more than a year ago when she thinks about it. The deafness seems to be recent but gradual.

Sept 21 - Returned to school, well but obviously deaf.

[redacted] ag[redacted] Deer Lake 83, Sioux Lookout.
Chronic bi-lateral otitis media, pigeon toed. Cough.

Oct. 1/53 Sickly child with vaginal discharge, sniffles, and ears full of dark mase. Obviously hard of hearing.

Oct 8 Ears irrigated, auralgin gtts, Vag.smear to lab.
" 15 More vigourous irrigations of ears. Penicillin 600,000 B.I.D.
" 22 Penicillin used as ear gtts. Irrigations I.D.

Nov 3 - 15th To St.Joeeph's Hospital,Kenora, for investigation
Lab rep't No. MB 479, Oct 9/53: Gram neg. bacilli present. Cultural: E. coli.

" 19 Considerably improved in general. Walks better with cleats on shoes to correct pigeon toes.
Boracic and alcohol gtts for ears.

Dec 4 Dr Ling: Advise T&A, Merthiolate gtts in ears, Eph. nose gtts.
Rt ear: active discharge, low anterior perforation.
Lt ear: dry drum retracted with old closed perforation.
Tonsils: Moderately enlarged, nose clear.
Lateral band: prominent.

" 16 - Jan 13 (In school for holiday period) Merthiolate and eph gtts and irrigation when needed. No disch. now.

Jan 26 To St.Joseph's Hospital, Kenora. T&A. Considerable coughing.

" 28 Ret'd post- operative condition good.

Mar 2 Flu. Both ears look suspicious. Merthiolate gtts.
" 11 Both ear drums open and middle ear moist. Merthiolate gtts.
Rt. same large low anterior perf. Left wide open drum.
Large amounts of discharge appear to be coming from noee through both ears. Irrigations are comforting.

" 23 Eph nose gtts continued b.i.d., O-tos-mo-san ear gtts.

Apr 7 General gain but ear condition remains unchanged.
" 15 Doing well. Merthiolate gtts bi-weekly.

May 17 (Has been away for long Easter holiday) No growth in ear drums. Area seems clear. Aureomycin 250 mg t.i.d. x 5.

June 1 Suction with boiled vinegar. Old disch. came out in lumps. Very sensitive. Ilotycin 200 mg q.i.d. x 4. Good effect.

" 10 All treatment discontinued.
" 17 Home for holidays. Much better health. Still deaf but it seeme that there is improvement in such hearing that she had. She seems to feel and eee keenly enough to understand.

Oct 4 - maybe in Sioux Lookout school.

[redacted]: age [redacted] Shoal Lake 39 - 88. Kenora.
Large perforations in both ear drums. Left active.

Oct 22/53 Left ear irrigated and penicillin gtts b.i.w.
Chloromycetin 250 mg t.i.d. x 5.

" 29 Sulfathiazole grs xv t.i.d. for 1 week.

Dec 4 Dr Ling: Lt ear Central anterior perforation
Rt ear central perforation.
Tonsils bi-lateral atrophied and buried.
Adenoids atrophied. Glands in neck enlarged.
Advise: T&A.

Jan 4 After Christmas holidays, doing well. White mass in area of lt drum. Seems to be foreign matter.
" 13 Ear syringed, mass seems to have moved a little.
" 26 Skin in channel and below ear weeping. Fungacide powder after cleansing with peroxide seems effective.
" 28 Auralgin gtts in ear at bed time.

Feb 4 Sores on external ear repeating. The child scratches. Dressed with undecylenic acid ointment. Cured.

" 10 Ears dry but suspicious. Merthiolate gtts.
" 18 Penicillin i.d. for a few days for cough. Polymyxin "B"gtts.
Mar 8 Skin erruption repeating. Recovered.

" 12 Considerable sniffling during irrigations. Tubes open. Polymyxin "B" very helpful for skin erruption.
" 18 Eph gtts for nose, Tried B&A gtts in ears but bad effect.

Mar 24 To St.Joseph's Hospital, Kenora. T&A
April 1 Returned to school. Polymyxin "B" and irrigations resumed.
" 7 Tried gentian violet 1 per cent. Seemed good at first.
" 15 Merthiolate tried in left ear.

" 24 After a week of Easter holidays, profuse discharge bi-lat. Responded to irrigations and Polymyxin "B" but edges of drums around perfs. appear cloudy.

tried.
May 8 Still has large bi-lateral perforations active. Bacitracin Eph. nose gtts and plugs in ears. Small amt.of free disch.

June 2 Medication discontinued. Suction with boiled vinegar irrig.

" 4 Chloromycetin ear gtts t.i.d. & irrig . when needed.
Ilotycin 200 mg q.i.d. x 4

" 10 Condition seems much improved. Child feels better but is obviously very deaf. Home for summer holidays.

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Sept. 21 - Returned to school well but noticably deaf. Seems to hear a little.